

COMMONWEALTH OF KENTUCKY
OFFICE OF WORKERS' CLAIMS
CLAIM NO. _____

PLAINTIFF

VS.

DEFENDANT(S)

MEDICAL FEE DISPUTE & MEDIATION

AGREED ORDER

I. MEDICAL FEE DISPUTE RESOLUTION

A. Type of challenged or unpaid procedure

- ____ 1. Multiple
- ____ 2. Prescription medication
- ____ 3. Pain management
- ____ 4. Medical office visits
- ____ 5. Appliances or prostheses
- ____ 6. Chiropractic treatment
- ____ 7. Physical therapy
- ____ 8. Surgery
- ____ 9. Home Health /attendant care
- ____ 10. Diagnostic testing
- ____ 11. Mileage reimbursement for medical treatment
- ____ 12. Other (specify): _____

B. Basis for Challenge

- ____ 1. Multiple
- ____ 2. Reasonableness / necessity of procedure or charge
- ____ 3. Utilization of medical services
- ____ 4. Utilization of prescription medication
- ____ 5. Causation / work-relatedness
- ____ 6. Form 113 referral
- ____ 7. Refusal to authorize or pay for medical services
- ____ 8. Other (specify): _____

II. RESOLVED MEDICAL FEE DISPUTE ISSUES

The following issues have been resolved: _____

III. UNRESOLVED MEDICAL FEE DISPUTE ISSUES

The following issues remain unresolved and will be referred to the Frankfort Motion Docket for the entry of the appropriate order: _____

IV. FINAL RESOLUTION

- _____ 1. Dispute fully resolved – Form 112 dismissed
_____ 2. Unresolved issues – referred to Frankfort Motion Docket

V. DISPUTED AMOUNT

- _____ 1. less than \$500
_____ 2. \$500 - \$1000
_____ 3. \$1000 – 2000
_____ 4. \$2000 – above
_____ 5. N/A

Date: _____, 200__.

ADMINISTRATIVE LAW JUDGE /
MEDIATOR

Have seen and agreed:

Plaintiff's Attorney

Defendant/Employer's Attorney

